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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Staff PReceived

P

2820is

Refund: Date: Permit #: Amount Paid: \$350S33-16 6-0 S.23-10 CHIEF CO.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

Are Wetlands Present?	Is Property in Floodplain Zone?	feet feet	Distance Structure is from Shoreline :	rer, Stream (incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If vescontinue ——▶
		:			
8.753	90	100	S	N RARCE S	Section 23, Township 45 N, Range 9
eak	Acreage	of Size			- 1
	#	Subdivision:	Lot(s) No. Block(s) No.	CSM Vol & Page	N = 1/4, $N = 1/4$ Gov't Lot Lot(s)
Page(s) 467	771 Page	Volume _	04-004-2-45-09-28-20-00-000-000	04- Q-H-Q-45-0	LOCATION Legal Description: (Use Tax Statement)
perty Ownership)	Document: (i.e. Property Ownership)	Recorded		PIN: (23 digits)	
∏ No	□ γes □ No				
Written Authorization Attached	Written A	'State/Zip):	Agent Mailing Address (include City/State/Zip):	Agent Phone: A	Authorized Agent: (Person Signing Application on behalf of Owner(s))
4514-16-516	715-2		715-271-4154BARRY SWENSON	715-271-4154B	プラアヤイ かしか ていひて
r Phone:	294 Plumber Phone:	MP 230294	Plumber:	ě.	
3 1 2			54873	BARNES WH	NAUSS FACE ROAD
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5	727	WI 54727	CADOTT	24283 CO HUY O	BARRY & STACY SWENSON
ne:	Telephone:		City/State/Zip:	Mailing Address:	Owner's Name:
OTHER	□ B.O.A. □ (☐ SPECIAL USE □	☐ CONDITIONAL USE ☐ SPEC	SANITARY ☐ PRIVY ☐	TYPE OF PERMIT REQUESTED → X LAND USE SA
	- William I			APPLICANT	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
			ing Dept	Bayfield Co. Zoning Dept.	Checks are made payable to: Bayfield County Zoning Department.

Proposed Construction:	Existing Structure				100,000	3	>		Value at Time of Completion *include donated time & material	`★ Non-Shoreland	⊡ Shoreland —	
iction:	Existing Structure: (If permit being applied for is relevant to it)		Property	Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue →
	or is relevant to it)		☐ Foundation	■ No Basement	□ Basement	☐ 2-Story	☐ 1-Story + Loft	№ 1-Story	# of Stories and/or basement		n 1000 feet of Lake, Pon	in 300 feet of River, Strei of Floodplain?
Length: 40'	Length:						אַ Year Round	☐ Seasonal	Use		•	·
				□ None		3	N N	<u></u>	# of bedrooms		Distance Struc	Distance Struc
Width: 28,	Width:	□ None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	M Sanitary (Exists) Specify Type:CoNU.	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :	Distance Structure is from Shoreline : feet
Height: /6	Height:			ntract)	ulted (min 200 gallon)	cify Type:CoNU.	ify Type:		pe of ry System operty?		Ø No	Is Property in A
			L				X Well	City	Water		□ Yes X No	Are Wetlands Present?

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Proposed Use	<	Proposed Structure	Dim	Dimensions	Footage
		Principal Structure (first structure on property)	8G)	(Of x	1059 FTG
		Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft		×	
⅓ Residential Use		with a Porch		× 	
		with (2 nd) Porch		×	
		with a Deck		×	
		with (2 nd) Deck		×)	
☐ Commercial Use		with Attached Garage		×	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)		x)	
		Mobile Home (manufactured date)		×	
		Addition/Alteration (specify)	(×	
Municipal Use		Accessory Building (specify)		×	
The state of the s		Accessory Building Addition/Alteration (specify)	(X)	
Hec'd for Issuance	9				
		Special Use: (explain)	(×	
		Conditional Use: (explain)	_	×	
Secretarial State		Other: (explain)		×	
Dio ignarada	-				

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES any accompanying information) has been examined by me (us) and to the best of my our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of projection. an or letter(s) of authorization must accompany this application)

Address to send permit 24383 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) P Ö T E ADOIT ٤ ,4727

Authorized Agent:

owner(s): Daw Dwensor)

"*** are Multiple Owners listed on the Deed All Owners of the Deed

Date

Date

He-1

H 727 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date of Re-inspection:		No they need to be attached.)		mspecied by: ms Attached? TYES TWO! So On ORS	Date of Inspection: \(\sigma \) Inst Condition(s):Town, Committee or Board Conditions Attached?	n, Committee o	Condition(s):Town
Zoning District (+) Lakes Classification ()	Zo				Chand	Æ,	Inspection Record:
□Yes □ No	Were Property Lines Represented by Owner	Were Property Lines		s 🗆 No	Created ☐ Yes	Was Parcel Legally Created Was Proposed Building Site Delineated	Was Was Proposed E
	Variance (B.O.A.) Case #:	Previously, Granted by Variance ☐ Yes ☐ No			9 -		Granted by Variance (B.O.A.) □ Yes □ No
Affidavit Attached	□Yes □No Affic	Mitigation Required Mitigation Attached	□ □ □ □ No	(Deed of Record) (Fused/Contiguous Lat(s))	□ Yes □ Yes	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Is Parcel a S s Parcel in Com Is Structure N
		3-16	が ひ ⁶	Permit Date:			Permit #:
Sanitary Date: 8-15-50	of bedrooms: Sa	***************************************	umber: , r Denia.	y) Sanitary Number; Reason for Denia.	Issuance Information (County Use Only) Permit Denied (Date):	mation (Cou	Issuance Informa Permit Denied (Date):
<u>T), Privy (P)</u> , and <u>Well</u> (W). begun. Dwelling Code.	olding Tank I or Use has no: The Uniforn	Septic Tank (ST), Drain the Date of Issuance if (Municipalities Are Required agencies may als	Construction, (1) Year from Welling: ALL I City, State or F	Stake or Mark Proposed Location(s) of New Construction, NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL! The local Town, Village, City, State or I	rk Proposed L ICE: All Land Us truction Of New The	10	_
ole from one previously surveyed corner to the ack must be measured must be visible from oposed site of the structure, or must be	dor to the placement or construction of a structure within ten [13] teek of the minimum required setback, the boundary line from which the setback must be measured must be the previously surveyed corner or marked by a licensed surveyor at the owner's expense. For the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback he previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proparated by a licensed surveyed across the owner's expense.	boundary line from which the se the minimum required setback, t of a corrected compass from a l	lurred setback, the lirty (30) feet from to Department by use	within ten (10) feet of the minimum required rised surveyor at the owner's expense. more than ten (10) feet but less than thirty (3 ly surveyed corner, or verifiable by the Depar e.	tructure within ten (1 by a licensed surveyo by a licensed surveyo tructure more than to previously surveyed to suppreviously suppreviously surveyed to suppreviously surveyed to suppreviously surveyed to suppreviously surveyed to suppreviously suppreviously suppreviously surveyed to suppreviously	Prior to the placement or construction or a structure with other previously surveyed corner or marked by a licensed Prior to the placement or construction of a structure more previously surveyed corner to the other previously surveyed to the placement of the placem	Prior to the placement of the previously survey Prior to the placement one previously surveyed one previously surveyed and the previously surveyed the prior to the province of the prior to the province of the prior to the placement of the placement of the prior to the placement of t
			Feet	Q	nposting)	Setback to Privy (Portable, Composting)	Setback to Privy (Porta
JO, Feet	The second secon	Setback to Well	Feet		ing Tank	c Tank or Holding Tank	etback to Septic
N/A Feet	olain Property	Elevation of Floodplain	Feet	<u> </u>		Setback from the West Lot Line Setback from the East Lot Line	etback from the
<u> </u>	and	Setback from Wetland	Feet)8.5 5.5	e e	Setback from the North Lot Line Setback from the South Lot Line	etback from th
N/A Feet N/A Feet	Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from the R Setback from the B	Feet	8	Right-of-Way	Setback from the Established Right-of-Way	etback from th
k)	Lake (ordinary high-water mar	Setback from the L	Feet	W O	Platted Road	e Centerline of	etback from th
Measurement	Description		ement	Measurement		Description	
ed by the Planning & Zoning Dept	Changes in plans must be approved	Chan		te (1) - (7) above (prior to continuing) Setbacks: (measured to the closest point)	(7) above (prior to continuing) (8) (measured to the closest	complete (1) – (7) al (8) Setbacks: (m	Please compl
	Laurence sensorane co			; • :			
	~ 8 -						÷
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100,							
DRIVE WAY		Androse O		500			\uparrow
		<u> </u>	LL ROAD	LIAC.		AN ANDER PARTIES OF AN EXPERIENCE PROPERTY.	**************************************
) Priwy (P)	All Existing Structures on your Property () Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	perty (*) Drain Field (DF); (*) ek; or (*) Pond)%	s on your Propic Tank (ST); (Stream/Cree lopes over 20	Existing Structures) Well (W); (*) Septi) Lake; (*) River; (*)) Wetlands; or (*) S		Show: Show any (*): Show any (*):	(4) (5) (6) (7)
	d)	d (Name Frontage Road	rontage Roa	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fro	*	Show Location of: Show Location of (*):	(2) (3)

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
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BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT E A 1 Francisco



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Date: Refund: Permit #: Amount Paid: 25.24 0-1-10-5 6 564-16 Ċ G

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

complete. I (we) acknowledge that I (we) rmit. I (we) further accept liability which county ordinances to have access to the	(we) acknowle further accept tances to have	complete. (complete. (ermit. (we)	LTIES , correct and o to issue a pe dministering	MIT WILL RESULT IN PENA mowedge and belief it is true, sunty in determining whether ounty officials charged with a	/ THOUT A PER best of my (our) k on by Bayfield Co we) consent to c	ING CONSTRUCTION Water fust and to the ned by me (us) and to the nod that it will be relied up ar with this application. I i	Secretarial Staff FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my dout knowledge and belief it is true, correct and am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permany be a result of Bayfield County in determining whether to issue a permany be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering	FAILURE TO (FAILURE TO (curacy of all information on this information)	Application (include or the detail and action fine)	Secretarial Staff ((we) declare that this application is am (are) responsible for the detail a may be a result of Bayfield County
		×		the state of the s			olain)	Other: (explain)	64 60	
		×					Special Use: (explain)	Condition	> 3 7 □ □	<u>ح</u>
		×							Issuance	Rec'd for Issua
-	<u> -</u>	×	^		,	Iteration (specify)	Accessory Building Addition/Alteration (specify)	-		
1770	_	古× 3g	-			HORNON	Building (specify)		se	Municipal Use
et en		×				Water Womanier Towns	Addition/Alteration (specify)	Addition/	T-[
	_	×		1			Wobile Home (manufactured date)	Mobile Ho		
		×		& food prep facilities)	or Cooking	eping quarters,	Bunkhouse w/ (□ sanitary, or □	Bunkhous		
	_	×	_			3ge	with Attached Garage		Use	Commercial Use
Approximation	_ -	×					with (2 nd) Deck			
	- -	< ×	_				with (2"") Porch			
		×					with a Porch		Use	Residential Use
)	X	(with Loft			•
	 	××				cture on property) shack, etc.)	(i.e. cabin, hunting	Principal S Residence		
Footage	7	₹	` •		е	Proposed Structure				Proposed Use
Square										
16	Height:	H R	+	Width: 32 H	7	Length: HO	IS relevant to it)	eing applied for	action:	Existing structure: (If permit being applied for is relevant to it) Proposed Construction:
	1	E 2		145		- - - -				
			-	None			X S) 060			
		IItract)	et lice co	☐ Compost Toilet	NO INC		☐ Foundation	Siness on	Property	\$ 2
	200 gallor	Ilted (min	r Uau	Privy (Pit) or			Basement	Relocate (existing bidg)		ည် နို
=	7.25	ify TypeC	ts) Spec	அ Sanitary (Exists) Specify Type (த ம் ப	□ 3		□ 2-Story	on /	Conversion	
wel		Specify Type:	1	□ (New) Sanitary	□ 2	☐ Year Round	☐ 1-Story + Loft	/Alteration	☐ Addition/Alteration	\$ 24
□ City			לא	☐ Municipal/City	ב	☐ Seasonal	☐ 1-Story	struction	■ New Construction	ā
Watei	-1	What Type of Sewer/Sanitary System is on the property?	What Type of wer/Sanitary Syste is on the property?		# of bedrooms	Use	# of Stories and/or basement	ject	Project	Value at Time of Completion * include donated time &
					-					X Non-Shoreland
□ Yes	Yes No		line : feet	ructure is from Shoreline :fee	Distance Structure	Pond or Flowage If yescontinue	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ty/Land within	□ Is Prope	_ Junior Charles
Are Wetland Present?	erty in in Zone?	Is Property in Floodplain Zone?	feet	ructure is from Shoreline :	Distance Structure	m (incl. latermittent)	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	☐ Is Proper	n n n n n n n n n n n n n n n n n n n
			Tot Size		762	1,000 I	N, Range W	45	Township	Section
	2) 	Subdivisio	Biock(s) No.	Lot(s) No.			Gov't Lot	5 1/4	S & 1/4,
Page(s) 734	:: (i.e. Property Page(s)_	24P	Recorded Volume _	100-000	-09-32	04-2-45	tatement)	4	Legal Description	PROJECT
Written Authorization Attached No	Written A Attached		ate/Zip):	(include City/St	gent Mailing A			(Person Signing Application on behalf of Owner(s))	Person Signing Ap	Authorized Agent: (F
hone:	Plumber Phone:				Plumber:	one:	Contra			
ei - 1078	715-781-			873	UN L	City/State/Zip:	PA Div	ST TELE	· Robinson	Address of Property:
Cell Phone:	Cell Phone:	ly V	18	Dawning (Kond	Kowley	80	5	Swer	Devin (
ephone:	Telephone:	8.0,	`	i c		Address:	□ SAN	LAND USE	EQUESTED—	TYPE OF PERMIT REQUESTED—> Owner's Name:
		1	CONTRACTOR OF THE PROPERTY OF		Indinovanos antigorismos de					

Copy of Tax Statement

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Date

5-17-16

Owner(s): \(\square\) (If there are

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Dispection.

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Owners listed on th

ed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

5/17/16

STATEMENT AND FEE TO:

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Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIED FOUND IN SOM Date Stann (Received)
NAV 2 4 2016 APPLICATION FOR PERMIT

Bayfield Co. Zoning Dept.

Refund:	Amount Paid:	Date:	Permit #:
	25.50 25.50	58%	16-016

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)	Section $\partial \phi_{-}$, Township $\underline{\mathcal{H}}_{N}$ N, Range $\underline{\mathcal{G}}_{-}$	1/4,1/4 Gov't Lot 2	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:	DWNer's Name: Dety	TYPE OF PERMIT REQUESTED—▶ ☐ LAND USE ☐ SANITARY	
er, Stream (ind. Intermitter	W Town of	CSM Vol & Page	<u>PIN</u> : (23 digits) 04- 06 Ҷ・2・५Ҷ・	Agent Phone:	Contractor Phone:	City/State/Zip:	Mailing Address:	VITARY - PRIVY	CALL DE DE LA SACRASIA.
Distance Structure is from Shoreline:	James	ge Lot(s) No. Block(s) No.	PIN: (23 digits) 04-004-2 · 44 · 09 · 20 · 1 · 05 · 002 · 1,0000 Volume_	Agent Mailing Address (include City/State/Zip):	Plumber:	, WI 54873	Mailing Address: City/State/Zip: Depte Valley, MNU	SANITARY PRIVY CONDITIONAL USE SPECIAL USE	
	Lot Size	Vo. Subdivision:	Recorded Documen	City/State/Zip):		O)	Mey MN 55124		
ls Property in Are Wetlands	Acreage		Document: (i.e. Property Ownership) 770 Page(s) 77	Written Authorization Attached □ Yes □ No	Plumber Phone:	G12-751-1994	Telephone: 952.432.8787	☐ B.O.A. ☐ OTHER	

Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)	,	Property	☐ Run a Business on	Relocate (existing bldg)	- '(0,000 □ Conversion	☐ Addition/Alteration	國 New Construction	Value at Time of Completion Project * include donated time & material	Non-Shoreland	Y Shoreland 🕒 a Ts Property/Li	l
	applied for is relevant to it)	And the state of t	☐ Foundation	ss on No Basement	ting bldg) Basement	☐ 2-Story	eration 1 -Story+Loft	ction 1-Story	# of Stories and/or basement		計s Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Creek or Landward side of Floodplain? If y
Length: 10	Length:						☐ Year Round	Seasonal	Use		Pond or Flowage If yes—continue —	If yescontinue
3				M None		3	<u> </u>	<u>٦</u>	# of bedrooms	-	Distance Stru	
Width: 2+	Width:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :	leet
Height:	Height:			ontract)	ulted (min 200 gallon)	cify Type:	cify Type:		ype of lary System property?		Ves	Floodplain Zone?
C.			<u> </u>				■ Well	□ City	Water		□ Yes ZNo	Present?

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Proposed Use	٠,	Proposed Structure	_	Dimensions	Square Footage
		Principal Structure (first structure on property)	^	х)	
		Residence (i.e. cabin, hunting shack, etc.)		×)	
		with Loft	-	×	
M Residential Use		with a Porch	_	×	
		with (2 nd) Porch	_	x)	
		with a Deck	_	×	
		with (2 nd) Deck	_	×	
Commercial Use		with Attached Garage	_	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)	_	×	
		Addition/Alteration (specify)	_	×	
□ Municipal Use	Ø	Accessory Building (specify) Garage Wolfort	_	1 4 0 ×)	396
-		Accessory Building Addition/Alteration (specify)	_	×	
Rapid for legion	3				
		Special Use: (explain)	^	x)	
	<u>~</u> □	Conditional Use: (explain)	-	×	The state of the s
		Other: (explain)	-	×	
)					

Owner(s): FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (we) declare that this application frictoming entry accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield Country in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield Country relying on this information (we) am (fe) providing in or with this application. I (we) consent to country officials charged with administering country ordinances to have access to the above described property at any reasonable time or inspection. (If there are Multiple Owners listed on All Owr ust sign <u>or</u> letter(s) of author must accompany this application) Date

Authorized Agent:

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Attach
Copy of Tax Statement
roperty send your Recorded Deed

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

13-0024

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DP. Stamp (Received)

Permit #: Date: Amount Paid: RUS SUR 5-25-16

Bayfield Co. Zoning Dept

Refund:

		Date	pany this application	tion must accom	[letter(s) of authoriza	Deed All Owners must sign or letter(s) of authorization must accompany this application)	s listed on the Dec	(If there are Multiple Owners listed on the	Owner(s):(If there are I
wledge that I (we) ept liability which lave access to the	and complete. I (we) acknowledge that I (we) a permit. I (we) further accept liability which ring county ordinances to have access to the	VALTIES ie, correct and co er to issue a perr administering or	IIT WILL RESULT IN PEN owedge and belief it is tru mry in determining whethe inty officials charged with	WITHOUT A PERM best of my (our) knd son by Bayfield Cou (we) consent to cou	ATING CONSTRUCTION I nined by me (us) and to the and to that it will be relied up or with this application. I	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administration above described property at any reasonable time for the purpose of inspection.	FAILURE TO cluding any accompand accuracy of all information in this information on this information for the purpose of the pu	this application (in le for the detail an Bayfield County r openty at any reas	I (we) declare that am (are) responsit may be a result of above described p
	×					(plain)	Other: (explain)	Secretarial Staff	Secreta
				1	in the second se	Conditional Use: (explain)	Condition	S	著
A A POST OFFICE A STATE OF THE	×	_				(overlain)		<1	Hec a for Issualic
	×		The state of the s		Alteration (specify)	Accessory Building (specify) Accessory Building Addition/Alteration (specify)	Accessor Accessor	7	
X 2 X	x /	()7	**************************************		DECIC	13	-	<u> </u>	Vunicipal Use
,			2 COC 20 CE 10 CE		resping quaricis,	Mobile Home (manufactured date)	☐ Mobile H		
***************************************	××		cooking & food area facilities)	3		1 935	_	T-	☐ Commercial Use
	×					with (2 nd) Deck		T	
	×			The second secon		with a Deck			
	× ×					with a Porch		Use	🛕 Residential Use
	×					with Loft	_ _	Ţ	~
	× >				hack, etc.)	Principal Structure (first structure on property, Residence (i.e. cabin, hunting shack, etc.)	☐ Principal		
Footage	Dimensions	Din /		C	Proposed Structure		`		Proposed Use
	Height:		Width: 14	01-100000000000000000000000000000000000	Length:			truction:	Proposed Construction:
7			_			r is relevant to it)	being applied fo	re: (if permit	Existing Structure: (If permit being applied for is relevant to it)
			□ None		7				
	- Analysis	let	☐ Compost Toilet	1 I		☐ Foundation	Property	Property	
On)	act)	service contract)	☐ Privy (Pit) or ☐ vi	None		☐ Basement	Relocate (existing bldg)		
trawy -	Specify Type:	sts) Specify	Sanitary (I	u w		1 1	sion	☐ Conversion	52,500
<u> </u>		1 1	☐ (New) Sanitary	□ 2			双 Addition/Alteration	X Additio	
☐ City		ty	☐ Municipal/City		✓ Seasonal	☐ 1-Story	New Construction	□ New Co	material
Water	of System erty?	What Type of Sewer/Sanitary System Is on the property?	Sewei Is o	# of bedrooms	Use	# of Storles and/or basement	Project	Pr	Value at Time of Completion * include donated time &
			Williams to a recognition to the property of t						☐ Non-Shoreland
X No	NO	_ feet	7	N.	scontinue ->	li yes			
	□ Yes		ture is from Shoreline :	Distance Struc	scontinue	reek or Landward side of Floodplain? If yescontinue Is Property/Land within 1000 feet of Lake, Pond or Flowage	Landward side of erty/Land within	Creek or	X Shoreland —
Are Wetlands	Is Property in	-	ture is from Shoreline:	Distance Structure	m (incl. Intermittent)	(s Property/Land within 300 feet of River, Stream (incl. Intermittent)	erty/Land within	& Prop	
1.57		Co. Jack		4	(2)//Se	N, Range	4	2 , Township	Section
Sp.	Acres	0		Eorle) No.		5		1/4	1/4,
(5)	Page(s)	Volume	-/3/00	3 05-054	24%	tatement)	 	Legal Description:	LOCATION
es 🛭 No Property Ownership)	.e. \₹	Recorded Doo	ACK MAKE	53200)	0 937	PIN: (23 digits)	19	aprison	Jim
Written Authorization Attached	Written A Attached	ate/Zip):	Agent Mailing Address (include City/State/Zip):	ent Mailing Add		<i>1</i>	pplication on behalf	(Person Signing A	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Phone:	l _		and the second s	Plumber:	Contractor Phone: Plu	Contra		merca de la companya della companya	Contractor:
					27.0	Ciy/o		* ***	Address of Property: SAME
e.	73 Cell Phone:	11 54873	Janua by	2	65 James	532		61/	SMC
e:	Telephone:	I	City/State/Zip:	City/State/	Mailing Address:	SAN	→ □ LAND USE	REQUESTED-	TYPE OF PERMIT REQUESTED—
		ם				IISSUE	ALL PERMITS HAVE	RUCTION UNTIL	DO NOT START CONST
		ā	Kerun	ept.	eld Co. Zoning Dept	paid. Bayfield	aed until all fees are	mits will be issu	INSTRUCTIONS: No permits will be issued until all fees are paid.

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Date

Authorized Agent:

(If you ared

gning on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

																	Orton prograf (Paggapaga and Sanakana and Sanakana)		SOLVE	The
Hold For Sanitary:	Condition(s):Town, Con Must G-et Signature of Inspector:	Date of Inspection: 4.	Inspection Record:	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.) ☐ Yes /No	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #://	For	Prior to the placement or constrone year one previously surveyed corner year licensed surveyor a marked by a licensed surveyor a	Setback to Privy (Porta	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Cent Setback from the Estal	De	Please complete (1 (8) Setb				(1) Show (2) Show (3) Show (4) Show (5) Show (5) Show (6) Show (7)
Hold For TBA:		19.16	Start W/uDC	g Site Delineated Yes	Case #:	Lot UYes	Permit #: //	NOTICE: All Land Use For The Construction Of New (The I	for to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible ne previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must arked by a licensed surveyor at the cover's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	A. J. -	cor Holding Tank	Lot Line	h Lot Line h Lot Line	from the Centerline of Platted Road from the Established Right-of-Way	Description	complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)				w or Sketch your Pi location of: / Indicate: _ocation of (*): _ocation of (*): _any (*):
	ns Attached?	pected by:		No		Deed of Record) (Fused/Contiguous Lot(s)) (Fuser/	Reason for Denia	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: 2472	(10) feet but less than thirty (30) ferner, or verifiable by the Departme	fe in ten (10) feet of the minimum required setba		7.			Measurement	ntinuing) closest point)		Set Back to cak		operty (regardless of what you are applying for) Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Affidavit:	"(It <u>No</u> they need	#Q		Were Property	Previously Grante	2		ar from the Date of Issuan ;; ALL Municipalities Are F ate or Federal agencies m	et from the minimum required sent from the minimum required sent by use of a corrected compass for the sent of the	et ck, the boundary line from wh	Feet Setback to Well	Feet Elevation of Floc		Feet Setback from Feet Setback from Setback from				The state of the s		ou are applying for) ge Road (Name Frontage ur Property (ST); (*) Drain Field (DF n/Creek; or (*) Pond wer 20%
Hold For Fees:	to be attrymed.)	ly		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)	ed □Yes ∠No		ce if Construction or Use he Required To Enforce The Ur ay also require permits.	tback, the boundary line from whi	ich the setback must be measured m	-	20% Slope Area on property Elevation of Floodplain	Wetland	Setback from the Lake (ordinary high-w Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be approved by the Planning & Zoning Dept.		Driverny Driverny		: Road)); (*) Holding Tank (HT)
	Date of Approval: グン/	Date of Re-Inspection:	Zoning District (Lakes Classification (vner PYes yed PYes	Case #:	Affidavit Required Affidavit Attached		has not begun. Jniform Dwelling Code.	ich the setback must be measured must be visible from set of the proposed site of the structure, or must be Tank (HT), Privy (P), and Well (W).	must be visible from one previous	-	L Yes		water mark) k	N	approved by the Planni		Struct Co.	M	and/or (*) Privy (P)
J 10 1/6		ction:	(4) .	□ No		□Yes ZNo			ucture, or must be	sly surveyed corner to the	Feet	es No Feet		Feet Feet Feet	Measurement	ing & Zoning Dept.				